PTO/SB/06 (12-04)

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U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwich Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FLED NUMBER EXTRA RATE (1) BASIC FEE (37 CFR 1.16(a), (b), or (c)) FEE (1) RATE (\$) FEE (\$) NIA 150.00 NA 300.00 BEARCH FEE NA N/A (27 CFR 1 16(14, 11), or (m)) NA \$250 NA \$500 **EXAMINATION FEE** : 1 NA N/A (37 CFR 1.16(d. (p), or (q)) N/A \$100 NA \$200 TOTAL CLAMS (P) OFR 1. 16(1) X\$ 25 minus 20 = X\$50 OR INDEPENDENT CLAIMS X100 (37 OFR 1.16(N) minus 3 e X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE (07 CFR 1.16(s)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(D) +180= +360= *If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (1) ADDI-RATE (\$) AFTER -ADOI-PREVIOUSLY **EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE (\$) Total FEE (\$) Minus X\$ 25 X\$50 OR Independent (37 CFR 1,1801) Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180) +180= +360= OR TOTAL TOTAL ADD'L FEF OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING 30 NUMBER PRESENT RATE (\$) ADDI-RATE (\$) ADDI-AFTER PREVIOUSLY EXTRA MENDMENT TIONAL MENDMENT PAID FOR TIONAL FEE (\$) FEE (\$) Total Minus-(37 CFR 1.16(1)) X\$ 25 X\$50 OR Independent (37 CFR 1.100.0) Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL. TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3; enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1